

**COMMON POLICY DECLARATIONS** 

WHOLESALERS PAC PLUS BUSINESS: WHOLESALERS

POLICY NO.: I-680-5354H479-TCT-05

**ISSUE DATE:** 08-08-05

**INSURING COMPANY:** 

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

1. NAMED INSURED AND MAILING ADDRESS:

SUTTER'S MILL SPECIALTIES,

INC.

2249 W FAIRMONT DRIVE

SUITE 2

TEMPE

AZ 85282

2. POLICY PERIOD: From 08-23-05 to 08-23-06 12:01 A.M. Standard Time at your mailing address.

3. DESCRIPTION OF PREMISES:

PREM. LOC. NO. BLDG. NO. OCCUPANCY

ADDRESS (same as Mailing Address unless specified otherwise)

01

01

WHOLESALERS

2249 W FAIRMONT DRIVE

TEMPE

AZ 85282

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

**COVERAGE PARTS and SUPPLEMENTS** 

**INSURING COMPANY** 

**Businessowners Coverage Part** 

TCT

- 5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.
- 6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

**POLICY** 

**POLICY NUMBER** 

**INSURING COMPANY** 

DIRECT BILL

7. PREMIUM SUMMARY:

SUBJECT TO AUDIT

**Provisional Premium** 

Due at Inception

5,584.00

Due at Each

\$ \$

\$

NAME AND ADDRESS OF AGENT OR BROKER

BERNARD DIETRICH & ASSOC YWO28

3300 N CENTRAL AVE STE 2220

PHOENIX

AZ 85012

IL To 19 02 05 (Page 1 of 01)

Office: PHOENIX

DOWN

COUNTERSIGNED BY:

Authorized Representative

DATE: 8-23-05

011420



## **BUSINESSOWNERS COVERAGE PART DECLARATIONS**

WHOLESALERS PAC PLUS

POLICY NO.: I-680-5354H479-TCT-05

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INSURING COMPANY:

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POLICY PERIOD:

From 08-23-05 to 08-23-06 12:01 A.M. Standard Time at your mailing address.

FORM OF BUSINESS: CORPORATION

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

## COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS	OF	INSURANCE
General Aggregate (except Products-Completed Operations Limit)	\$		2,000,000
Products-Completed Operations Aggregate Limit	\$		2,000,000
Personal and Advertising Injury Limit	\$		1,000,000
Each Occurrence Limit	\$		1,000,000
Damage to Premises Rented to You	\$		300,000
Medical Payments Limit (any one person)	\$		5,000

#### BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$

500 per occurrence.

Building Glass:

500 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss up to 12 consecutive months,

subject to a maximum limit of \$ 2,080,000

Period of Restoration-Time Period:

Immediately

ADDITIONAL COVERAGE:

Fine Arts:

\$

25,000

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

**SPECIAL PROVISIONS:** 

# COMMERCIAL GENERAL LIABILITY COVERAGE IS SUBJECT TO A GENERAL AGGREGATE LIMIT

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## BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 01

BUILDING NO.: 01

LIMIT OF INFLATION COVERAGE **INSURANCE** VALUATION COINSURANCE **GUARD** 3.0% **BUSINESS PERSONAL PROPERTY \$** 800,000 RC\* N/A \*Replacement Cost

COVERAGE EXTENSIONS:

25,000 Accounts Receivable Valuable Papers \$ 25,000

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.

